



COUNTY OF LOS ANGELES

# Public Health

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November 10, 2014

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.  
Interim Director

SUBJECT: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION (ITEM 29-A, AGENDA OF JUNE 24, 2014; ITEM 23-A, AGENDA OF OCTOBER 28, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division (HFID) Long-Term Care Complaint and Entity Reported Incident Investigations. The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. Reports were previously submitted to your Board on July 8 and July 22, 2014, August 21, 2014, and September 26, 2014.

On October 28, 2014, your Board also instructed DPH to include information on the following three items in our November report: 1) The percent of initial citations that either are upgraded or downgraded upon review by Division managers prior to issuance; 2) A detailed description of the newly established procedure for review and final approval of recommended nursing home citations within the HFID; and 3) The training provided to HFID staff and the percentage of staff that have completed this training.

This report provides the above-requested information as well as updates on the audit of the State's long-term health care facilities inspection program, recent media attention to the issue of data entry in complaint investigation initiation, and strategic workload planning in the HFID program.

## **Quality Review Recommendations**

Recommendations one through five in the Quality Review report have been completed. In addition, a tracking system to monitor training needs and compliance with mandatory training has been developed. Recommendation six is on-track for completion by the established due date. See Attachment A for details.

The following section responds to Supervisor Antonovich's October 28, 2014 motion with information regarding the newly established procedure for review and final approval of recommended nursing home citations, nursing home citation upgrading or downgrading, and staff training on these procedures.

### **Procedures for Nursing Home Inspection Citation Recommendations**

Nursing home inspection citation recommendations to the State are determined based upon the surveyor's investigation findings with the concurrence of the supervisor and medical consultant in accordance with State policies and procedures. State policy did not previously require written verification of discussions between surveyors and supervisors on the level of citations.

#### *Revised Procedures*

As part of the corrective action steps to the Los Angeles County Auditor-Controller's recommendations, HFID adapted a State worksheet titled, "Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyor," to document discussions between surveyors and supervisors. Previously, the Worksheet did not require signatures indicating consensus after discussions took place between the surveyor and the supervisor. The revised Worksheet now verifies that supervisors are conferring with the surveyors before any changes are implemented and requires the supervisor to document the justification for approving or changing the surveyor's results. The Worksheet contains the following information categories: components of a deficient practice statement; findings that address all factual aspects of the investigation; sources of evidence (observation/interview/record review); sufficient supporting evidence; correct regulations cited; supportive documentation for violations; impact on the residents involved; and the appropriate scope and severity.

By June 5, 2014, HFID provided training and directive to supervisors to use the revised Worksheet and documentation verification.

#### *Citation Recommendations*

Since June 5, 2014, when HFID provided this training to supervisors on the revised Worksheet, HFID has issued 14 citations. None of these citations resulted in a change to the recommended citation level.

#### *Staff Training on Revised Worksheet*

See Recommendations 2, 4, and 5 in Attachment A regarding recommendations for training in the State's Quality Review report and HFID's implementation status. A total of 100% of supervisors

and senior staff have been trained. As for support staff, 88% have been trained with the remaining 12% scheduled to be trained on November 14, 2014.

HFID's comprehensive audit review process to be completed by December 31, 2014, includes a verification component to ensure that supervisors and managers are appropriately using this Worksheet.

### **California State Auditor Report**

As a result of a request by the Joint Legislative Audit Committee, the California State Auditor released an audit report, "California Department of Public Health (CDPH): It Has Not Effectively Managed Investigations of Complaints Related to Long-Term Health Care Facilities," Report 2014-111, October 2014. The State's audit focused on CDPH administration and oversight of the long-term health care facilities inspection program. However, several of the areas emphasized by the State Auditor were similar to areas of concern that have been addressed by HFID, including adequate staffing and resources; monitoring and reviewing the status of open facility-related complaints and entity-reported incidents (ERIs); compliance with corrective action plans; and appropriate and consistent processing of complaints and ERIs, including closures. DPH has previously reported on corrective action steps it has taken with respect to these areas, including:

- HFID was placed under the Environmental Health Division for better oversight and management.
- Managers were relocated to outlying offices, where the line staff are located, for better oversight.
- A form, Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyor, is used to document a supervisor's review and discussion with the surveyor regarding the results of the survey or investigation.
- In addition to utilizing ACTS, a Complaint Tracking Log was implemented to monitor the status of complaints received.
- Training was provided to supervisors and support staff regarding the prioritization and assignment of all complaint/ERIs at intake, including complaints/ERIs that constitute an immediate jeopardy situation.
- Los Angeles County is responsible for 33% of licensed health care facilities that require inspection in the State, yet DPH received only 15% of the CDPH Licensing & Certification budget. HFID submitted a request to CDPH for additional funds and resources to adequately address the workload.
- Budget and contract oversight was provided to ensure more efficient and effective filling of vacant positions and full expenditure of State contracted budgeted allocations.
- Retirees are being utilized to address the backlog of complaints and ERIs.
- Overtime is approved for staff to address additional workload.

- HFID implemented a workload plan that prioritizes surveys, complaints, and ERIs; assures that HFID staff meet quality standards for their investigations; and optimizes the most productive use of staff.

HFID will continue to work with the State to identify additional areas of improvement.

### **Corrective Actions on Complaint Investigation Initiation**

A recent Daily News article cited the problem of entering accurately the dates that complaints were received by HFID into the State's ACTS database system. This issue, which the article characterized as intentional "data falsification," relates to prioritizing of complaints and initiating investigations. The issue was also identified in both the Auditor-Controller's review of the HFID program and the State's Quality Review of Los Angeles County's program. Incorrect entry of the receipt date of a complaint is a serious error, as the date the complaint is received is critical to monitor the program's response time. Complaints that are considered immediate jeopardy (IJ), because they are situations in which the provider's noncompliance with one or more federal or state regulations has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident, must be responded to within 24 hours. Non-IJ complaints should be responded to within 10 days.

DPH does not sanction intentional document falsification and is not aware of any intentional falsification of dates in the ACTS system. HFID management responded swiftly to discrepancies identified in data entry through assessing staff practices, identifying training needs for staff responsible for data entry, and implementing staff training. Trainings on the prioritization of complaints and how to enter them in the ACTS computer system were provided to supervisors, nurses, and support staff on June 25, 2014, July 1, 2014, and most recently on October 7, 2014. The October 7 training focused specifically on the data entry issue. HFID is currently implementing a system to monitor the accuracy of data entry going forward. This month, additional DPH staff will be assigned to perform a weekly audit to assure adherence to the data entry policies and protocols. In addition, the CDPH and the federal Centers for Medicare and Medicaid Services (CMS) staff will be investigating the "data falsification" allegations on site on November 12-14, 2014. DPH will provide your Board with an update on the CDPH and CMS site visit and our audit findings in our December report.

### **Strategic Workload Planning**

HFID has been following a three-month workload plan to optimize productive use of existing staff while assuring that HFID staff meet quality standards for their investigations. HFID is also collaborating with CDPH and CMS to develop a one-year strategic plan that lays out the volume of work and priority of assignments given that we will not receive any additional funding for fiscal year 2014-15. From July to September 2014, HFID has completed all the backlogged survey write-ups. HFID has also completed all scheduled surveys identified in the three-month work plan and is on target to complete all complaints and ERIs as indicated in its 3-month work plan.

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The next Board report will be provided in December 2014. In the meantime, if you have any questions or need additional information, please let me know.

CAH:dc  
PH:1406:006

Attachment

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS  
(As of 11-6-14)**

<b>Recommendations from CDPH 6-1-14</b>	<b>Corrective Action Submitted to CDPH 6-12-14</b>	<b>Status</b>
<p>1. CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.</p>	<p>HFID contacted CDPH and was informed that a specialty trainer has initiated the investigations. Their goal is to have them completed by June 30, 2014. LAC will cooperate with CDPH by providing all information requested.</p>	<p><b>Complete</b> Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.</p>
<p>2. HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.</p>	<p>By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs. HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.</p>	<p><b>Complete for this year.</b> Supervisors reviewed CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs with support staff. Acknowledgement Sheets were signed by support staff in each district office verifying that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff. In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.</p>



3. HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.	In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.	<b>Complete</b> On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.
4. HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.	Completed. Training was provided by CDPH on May 1, 2014, and was attended by HFID surveyors and supervisors.	<b>Complete</b>
5. HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.	By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.	<b>Complete</b> Training was provided on June 25, 2014.
6. HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.	By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training.  By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.	<b>Complete</b> The tracking system to monitor training needs and compliance with mandatory training has been developed.  <b>On-track</b>